U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil cenalties as provided by 29 U.S.C 439 or 440.



TO-C-2011

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25390	2. Fiscal Year Covered From:	
	13/61/05 Through: 12/31/05	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name HOWARD P DICKERSON	Name DNITED AND WOLKERS Labor Organization File Number 000149	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 200 IMPALA DR.	Street 8000 E, JEFFELSW AVE	
City ROSEBURG	City DETROIT	
State 02 21P Code + 4 97470	State MICHIGAN ZIP Code + 4 48.214	
5. Position in labor organization. NON-COMPENSATED TRUSTEE (REIMBORSED ONLY)		
A. Heid an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.	
monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street '		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompar undersigned's knowledge and belief, true, correct, and complete. (See the second complete)	of Perjury and other applicable penalties of the law, that all of the information religiouslying documents), has been examined by the signatory and is, to the best of the ection on penalties in the instructions.)	

Telephone Number

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Trade Name, if any:	a. Labor Organization b. Trust CHAIR	
P.O. Box, Bldg., Room No., if any	D. Trust CHAIR c. Employer	
City		
State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name WAW LABOR-MEMT SPENSION TRAST ADMIN ASSOCIATED ADMINISTRATORS		
P.O. Box, Bldg., Room No., if any P.O. BOX 2590		
Street	11.b. Approximate dollar value of such dealing.	
City PASDENA	12.a. Nature of interest held or income received.	
State CA . ZIP Code + 4 91102 -2590	REIMBORSE MENT FOR TRUST	
	AND EDUCATIONAL MEETINGS	
	ONLY	
	12.b. Amount. SEE ATTACKED 9121.62	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

LABOR TRUSTEE PAYMENTS

Howard Dickerson

March 19-23, 2005 - Frank Russell Trust Inv	vestment Conference
Room Expense	\$1,002.89
Travel Expense	\$ 693.96
Daily Expenses	\$ 164.80
Dully Emperatur	
July 29, 2005 - Board Meeting	•
Room Expense (Embassy Suites)	\$ 321.20
Travel Expense	\$ 476.07
Daily Expenses	\$ 66.78
Dully Expenses	•
De la companya de la	
November 11-18, 2005 - Annual Employee	Benefits Conference - Hawaii
Registration & Hotel Deposit	\$1,310.00
Preconference Registration	\$ 320.00
7 1000	
Room Expense	\$2,233.64
Travel Expense	\$1,084.16
Daily Expenses	\$ <u>371.96</u>
Subtotal	\$3,689.76
Expense Advance	\$2.000.00
Total	\$1,689.76
(Mai	\$1,002.70
Dinner (11/12/05)	\$ 65.83
D 1 0 2007 12 1Mark	
December 2, 2005 - Board Meeting	φ 1.60.54
Room Expense (Riviera)	\$ 162.54
Travel Expense	\$ 818.70
Daily Expenses	\$ 29.09